

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	TT	5010	3/5/00
O.I.P.E. CLASSIFIER		11417	4/6
FORMALITY REVIEW	KNC		5/17/00
RESPONSE FORMALITY REVIEW	KNC		6/13/00

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	3/15/03
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

Best Available Copy